

**Automated withdrawals for donations to the church budget and building will be processed through Coast Capital’s CAFT Program (Customer Automated Funds Transfer).**

**Coast Capital Savings provides greater flexibility on withdrawal dates.**

**Your options are weekly, every other week, monthly, and twice monthly. You choose the withdrawal date(s) that best suits your situation. For example, weekly and every other week options will be withdrawn on the Friday. Monthly can be any date of each month. Twice monthly has set dates of the 15th and last day of the month.**

**Please fill out this form indicating the amount and date(s) or day of your withdrawal.**

**If you need to make a change to your contribution amount during the year, please advise a week before your next donation date.**

**Completed forms can be dropped off at the church office or emailed directly to**

**linda.wing@hopecommunity.ca**

**Please direct any questions to:** **linda.wing@hopecommunity.ca**

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**CAFT AUTHORIZATION FORM**

I hereby request and authorize Coast Capital Savings (CAFT) on behalf of:

**Hope Community Church – 18625 Fraser Highway Surrey, BC**

To withdraw from my account on a

**Weekly\_\_\_\_ Every other week\_\_\_\_ Monthly\_\_\_\_ Twice Monthly\_\_\_\_ basis**

Starting on the \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_

 Day month/yr

**Please allocate the following amount of my donation to the**

**Hope General Fund \_\_\_\_\_\_\_\_\_\_ Hope Building Fund \_\_\_\_\_\_\_\_\_\_**

Total $ Amount Total $ Amount

**Hope Care Fund \_\_\_\_\_\_\_\_\_\_**

 Total $ Amount

**Contributor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Account #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Transit #:**\_\_\_\_\_\_\_\_\_ **Bank #:**\_\_\_\_\_

Name and Address of Bank or Trust Co.:

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 (Date) (Signature of Contributor)